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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Campagnolo S.r.1.

Via della Chimica, 4 36100 Vicenza, Italy

a. The following fee(s) are enclosed:	4b. Payment of Fee(s):
☑ Issue Fee	A check in the amount of the fee(s) is enclosed.
Publication Fee (No small entity discount permitted) Advance Order - # of Copies 10	Payment by credit card. Form.PTO-2038 is attached. The Director is hereby authorized to charge the required fec(s), or credit any overpayment, to Deposit Account Number 72-0443 (enclose an extra copy of this form).
Change in Entity Status (from status indicated above)	

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _	teshem B schatt	Date
Typed or printed name	Stephen B. Schott	Registration No. 51,294

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EMARKE	Application Number	10/648,502
TRANSMITTAL	Filing Date	August 26, 2003
FORM	First Named Inventor	Valentino Campagnolo
	Art Unit	3661
(to be used for all correspondence after initial	Examiner Name filing)	Michael J. Zanelli
Total Number of Pages in This Submission	Attorney Docket Number	CAM3-PT013.1

	ENCLOSURES (Check all that apply)						
\boxtimes	Fee Tran	smittal Form		Drawing(s)	<u></u>		After Allowance Communication to TC
	X F	ee Attached		Licensing-related Papers			Appeal Communication to Board of Appeals and Interferences
	Extension Express A Information Certified Ocument Reply to I Incomplet	fter Final ffidavits/declaration(s) n of Time Request Abandonment Request on Disclosure Statement Copy of Priority	Rem	Petition Petition to Convert to a Provisional Application Power of Attorney, Revoc Change of Corresponden Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table or	ce Address		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): PTOL-85 Issue Fee Transnmittal Certificate of First Class Mailing.
	SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
Firm N	lame	VOLPE AND KOEN					
Signat	ture	Hesher By	lak	9			
Printe	d name	Stephen B. Schott					
Date		1/18/2005			Reg. No.	51,29	04
CERTIFICATE OF TRANSMISSION/MAILING							

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Date

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FEE TRANSMITTAL Filing Date	August 26, 2003					
For FY 2005 First Named In						
Examiner Name						
Applicant claims small entity status. See 37 CFR 1.27 Art Unit	3661					
TOTAL AMOUNT OF PAYMENT (\$) 1,030.00 Attorney Docke						
METHOD OF PAYMENT (check all that apply)						
	please identify):					
Deposit Account Deposit Account Number: 22-0493 Deposit A	Account Name: Volpe and Koenig, P.C.					
For the above-identified deposit account, the Director is hereby authorized to	o: (check all that apply)					
Charge fee(s) indicated below	ge fee(s) indicated below, except for the filing fee					
	it any overpayments					
under 37 CFR 1.16 and 1.17	• • •					
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HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Paid (\$)

Number of each additional 50 or fraction thereof **Total Sheets** Extra Sheets 0.00 _ - 100 = / 50 = ___ (round **up** to a whole number) x Fees Paid (\$)

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Other: Issue Fee and Publication Fee and 10 Soft Copies

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SUBMITTED BY			
Signature	Stephon B. Shap	Registration No. 51,294 (Attorney/Agent)	Telephone 215-568-6400
Name (Print/Type)	Stephen B. Schott		Date 1/18/2005

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